



Albritton, Cedric  
MRN: 14416337, DOB: [REDACTED] 1959, Sex: M  
Acct #: 5102009404  
Adm: 2/28/2023, D/C: 3/10/2023

02/28/2023 ED to Hosp-Admission (Discharged) in Baptist Memorial Hospital-North Mississippi (continued)

Discharge Summary (continued)

**PATIENT IDENTIFICATION:**

Patient Name: Cedric Albritton  
DOB: [REDACTED] 1959  
Age: 63 y.o.  
Sex: male  
LOS: 10

**ADMISSION INFORMATION:**

Admit Date: 2/28/2023

**DISCHARGE INFORMATION:**

Discharge Date/Time: 03/10/2023 AT 10:02 A.M..  
Discharge Physician: Ala Ahmad Suleiman Alkofahi, MD  
Discharged Condition: Stable  
PCP: Thomas S Glasgow, MD

**Discharge Diagnoses:**

-ACUTE PARENCHYMAL HEMORRHAGE.  
-ACUTE ON CHRONIC ENCEPHALOPATHY DUE TO INTRACRANIAL HEMORRHAGE.  
-HYPERTENSION.  
-SEVERE ACUTE MALNUTRITION WITH CACHEXIA. NOT PRESENTED ON ADMISSION.  
-ADVANCED GOAL DIRECTIVE AND GOAL OF CARE DISCUSSION WITH PATIENT'S SON OVER PHONE.  
PATIENT DNR/DNI

**HOSPITAL COURSE:**

Patient is a 63 y.o. male with PMH of 02/28/2023 with intracranial hemorrhage. CT head on admission revealed an acute parenchymal hemorrhage involving the right temporal lobe measuring approximately 2x3x6cm. Patient placed on Keppra empirically for seizure prophylaxis and Cardene infusion for blood pressure control. Neurosurgery consulted. Unfortunately patient does not have insurance to cover placement at nursing home/rehab center. Patient's son live with patient and patient's son is ready to take care of patient 24/7. Patient get the maximized treatment during this hospitalization patient to follow-up with Dr. Eden in 4 weeks. Will discharge patient to home with home health.

**Discharge Exam for today:**

BP 117/60 | Pulse 74 | Temp 97.8 °F (36.6 °C) (Temporal) | Resp 18 | Ht 5' 6" (1.676 m) | Wt 155 lb (70.3 kg) |  
SpO2 98% | BMI 25.02 kg/m<sup>2</sup>

**Physical Exam for Today :**

GENERAL ASSESSMENT: 63 y.o. male, NAD  
EYES: PERRLA, no conjunctival pallor or icterus  
ENT: prior left lobectomy site noted.  
NECK: no JVD



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**02/28/2023 - ED to Hosp Admission (Discharged) in Baptist Memorial Hospital-North Mississippi (continued)****Discharge Summary (continued)****CHEST:** CTA bilaterally with normal respiratory effort**HEART:** Normal S 1, S 2, no murmur, rub or gallop. No pedal edema**ABDOMEN:** soft, non-tender, non-distended, normoactive bowel sounds, no guarding or rigidity, no organomegaly**EXTREMITY:** No pedal edema, pulses intact and symmetric.**SKIN:** Clean, dry, intact, no rash, normal skin turgor**GU:****NEURO:** grossly intact, alert and oriented x 1**PSYCH:** flat affect

No results found for this visit on 02/28/23 (from the past 24 hour(s)).

**PROCEDURES:****Wound Care:****DISCHARGE MEDS:****Medication List****START taking these medications****acetaminophen 325 MG tablet**Commonly known as: **TYLENOL**

Take two tablets (650 mg total) by mouth every 4 (four) hours as needed for fever - greater than 100.4F

**amLODIPine 10 MG tablet**Commonly known as: **NORVASC**

Take one tablet (10 mg total) by mouth one (1) time a day

**levETIRAcetam 500 MG tablet**Commonly known as: **KEPPRA**

Take one tablet (500 mg total) by mouth 2 (two) times a day

**megestrol 40 MG tablet**Commonly known as: **MEGACE**

Take one tablet (40 mg total) by mouth one (1) time a day for 30 days

**Where to Get Your Medications****You can get these medications from any pharmacy****Bring a paper prescription for each of these medications**

- acetaminophen 325 MG tablet
- amLODIPine 10 MG tablet
- levETIRAcetam 500 MG tablet
- megestrol 40 MG tablet

**CONSULTS: IP CONSULT TO INPATIENT PALLIATIVE CARE**



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**02/28/2023 - ED to Hosp Admission (Discharged) In Baptist Memorial Hospital-North Mississippi (continued)****Discharge Summary (continued)****SUBMITTED BY:**Ala Ahmad Suleiman Alkofahi, MD  
3/10/2023, 4:27 PM**Time spent: 33 minutes**, including reviewing chart, preparing discharge, dictating DC summary and instructions to the patient at bedside.

Electronically signed by Ala Ahmad Suleiman Alkofahi, MD at 3/10/2023 4:29 PM

**ED Provider Note****ED Provider Notes by Michael Jeffery Magee II, MD at 2/28/2023 1537**

Author: Michael Jeffery Magee II, MD

Filed: 2/28/2023 6:14 PM

Status: Signed

Procedure Orders

1. EKG 12 lead ED Documentation [547532989] ordered by Brody Home, NP

Service: Emergency Medicine

Date of Service: 2/28/2023 3:37 PM

Editor: Michael Jeffery Magee II, MD (Physician)

Author Type: Physician

Creation Time: 2/28/2023 3:37 PM

**History****Chief Complaint**

Patient presents with

- Altered Mental Status

Present to the emergency department days a 63-year-old male with reports of altered mental status. Patient's family reports onset of symptoms began yesterday progressed today. Reports that patient has a history of dementia and altered mental status, but reports that patient's speech and verbiage has been significantly off today. Reports that patient does have a history of CVAs and subdural hemorrhages. Reports that patient has had a left-sided craniotomy. Upon initial assessment patient does not appear to be in acute distress. Patient does demonstrate confusion with speech. Patient's family denies patient having trauma injury. Denies anticoagulation therapy I have reviewed patient's past medical history, surgical history, social history, and allergies with no changes noted.

The history is provided by a relative.

History reviewed. No pertinent past medical history.

No past surgical history on file.

History reviewed. No pertinent family history.



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- Smoking status: Not on file
- Smokeless tobacco: Not on file

**Substance and Sexual Activity**

- Alcohol use: Not on file
- Drug use: Not on file
- Sexual activity: Not on file

**Prior to Admission medications**

Not on File

**Review of Systems**

Unable to perform ROS: altered mental status

**Physical Exam****Initial Vitals:**

ED Triage Vitals (02/28/23 1445)

BP: 171/85

Pulse: 87

Resp: 20

Temp: 98.2 °F (36.8 °C)

Temp src: Oral

SpO2: 97 %

**Vitals:**

BP 143/78 | Pulse 97 | Temp 98.2 °F (36.8 °C) (Oral) | Resp 18 | Ht 5' 6" (1.676 m) | Wt 74.8 kg (165 lb) | SpO2 96% | BMI 26.63 kg/m²

**Physical Exam**

Vitals and nursing note reviewed.

**Constitutional:**

General: He is not in acute distress.

Appearance: He is well-developed. He is not ill-appearing.

**HENT:**

Head: Normocephalic and atraumatic.

Right Ear: External ear normal.

Left Ear: External ear normal.

Nose: Nose normal.

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: No oropharyngeal exudate.

**Eyes:**

General: No scleral icterus.

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

**Neck:**

Thyroid: No thyromegaly.

Trachea: No tracheal deviation.



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**ED Provider Note (continued)**

**Cardiovascular:**

Rate and Rhythm: Normal rate and regular rhythm.  
Pulses: Normal pulses.  
Heart sounds: Normal heart sounds. No murmur heard.

**Pulmonary:**

Effort: Pulmonary effort is normal. No respiratory distress.  
Breath sounds: Normal breath sounds. No wheezing.

**Abdominal:**

General: Bowel sounds are normal.  
Palpations: Abdomen is soft. There is no mass.  
Tenderness: There is no abdominal tenderness.

**Musculoskeletal:**

General: No tenderness. Normal range of motion.  
Cervical back: Normal range of motion and neck supple.

**Skin:**

General: Skin is warm and dry.  
Capillary Refill: Capillary refill takes less than 2 seconds.  
Coloration: Skin is not pale.

**Neurological:**

General: No focal deficit present.  
Mental Status: He is alert. Mental status is at baseline.  
Deep Tendon Reflexes: Reflexes normal.  
Comments: Oriented person but not place or time. No focal deficits. Repetitively answers questions.

**Psychiatric:**

Mood and Affect: Mood normal.  
Behavior: Behavior normal.

**ED Course**

**EKG 12 lead ED Documentation**

Date/Time: 2/28/2023 4:32 PM  
Performed by: Brody Horne, NP  
Authorized by: Michael Jeffery Magee II, MD

**Medical Decision Making**

**Amount and/or Complexity of Data Reviewed**

Labs: ordered.  
Radiology: ordered.  
ECG/medicine tests: ordered and independent interpretation performed.

**Risk**

Prescription drug management.  
Decision regarding hospitalization.